

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

101550199

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		6		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12	1		1			
13	1		1			
14		0		1		
15		0		1		
16		1		1		
17	1		1			
18		1		1		
19		1		1		
20		4		1		
21		0		1		
22		0		1		
23		0		1		
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50						
TOTAL IND.	5	↓	6	↓		↓
TOTAL DEP.	26	←	19	←		←
TOTAL CLAIMS	31		25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

Carroll